

STATE OF TEXAS CERTIFICATION OF VITAL RECORD										
DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT										
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS APR 05 2018 STATE OF TEXAS CERTIFICATE OF DEATH					STATE FILE NUMBER 142-18-053081					
1. LEGAL NAME OF DECEASED (include AKA's, if any) (Print, Middle, Last)					2. DATE OF DEATH (Actual or Presumed)					
ROBERT ALLEN GAINES II					MARCH 23, 2018					
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE - Last Birthday (Years)	6. LENGTH OF LIFE (Years)	7. UNDER 1 DAY (Hours)	8. BIRTHPLACE (City & State or Foreign Country)					
MALE		72			SAN ANTONIO, TX					
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)					
		<input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown								
10a. RESIDENCE STREET ADDRESS					10b. APT. NO.	10c. CITY OR TOWN				
23015 ROTHWOOD ROAD						SPRING				
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?							
HARRIS	TEXAS	77389	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE					12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
ROBERT ALLEN GAINES I					ETHEL LOUISE COLE					
13. PLACE OF DEATH (CHECK ONLY ONE)										
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)										
14. COUNTY OF DEATH					15. CITY/TOWN/ZIP (If outside city limits, give precinct No.)					
HARRIS					HOUSTON, 77030					
16. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)					17. FACILITY NAME (If not institution, give street address)					
KRISTEN NANGLE - DAUGHTER					ST LUKE EPISCOPAL HOSPITAL					
18. METHOD OF DISPOSITION					19. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH					
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)					FRANK W. SEDDIO SR. BY ELECTRONIC SIGNATURE - 8302					
20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)					21. LOCATION (City/Town, and State)					
SOUTHEAST TEXAS CREMATORY					HOUSTON, TX					
22. NAME OF FUNERAL FACILITY					23. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)					
ACREATION					2770 STATE HWY 86 EAST, ROCKWALL, TX 75087					
24. CERTIFIER (Check only one)										
<input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the causes and manner stated.										
<input type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causes and manner stated.										
25. SIGNATURE OF CERTIFIER					26. DATE CERTIFIED (mm-dd-yyyy)		27. LICENSE NUMBER		28. TIME OF DEATH (Actual or Presumed)	
REYNOLDS DELGADO, BY ELECTRONIC SIGNATURE					APRIL 3, 2018		11988		11:48 PM	
29. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)					30. TITLE OF CERTIFIER					
REYNOLDS DELGADO 6624 FANNIN #1910 HOUSTON, TX 77030					MD					
31. PART I: ENTER THE UNDERLYING CAUSE OF DEATH - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					32. WAS AN AUTOPSY PERFORMED?					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
a. PNEUMONIA					33. IF TRANSPORTATION INJURY, SPECIFY:					
Due to (or as a consequence of)					<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
b. _____					Due to (or as a consequence of)					
c. _____					Due to (or as a consequence of)					
d. _____					Due to (or as a consequence of)					
34. PART II: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.					35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
CONGESTIVE HEART FAILURE					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:			39. IF TRANSPORTATION INJURY, SPECIFY:			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
40e. LOCATION (Street and Number, City, State, Zip Code)					40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED										
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR						
0205987		APRIL 5, 2018		REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED						
EOR NUMBER 00002283186										

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ISSUED APR 05 2018

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TARA DAS
STATE REGISTRAR